	WITH	
	PLAINLY,	
	WRITE	
i.		-
ž.		1
× .00		4

	village or City Mame Louise Sertrue	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 34  St.; Ward)  [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCE DI CARNIED	16 DATE OF DEATH DC 2-8, 191 J (Month) (Day) (Year)
LITIONTE	6 DATE OF SIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Certifi	July 5, 1869 (Month) (Day), 1869	that I last saw h a stive on 000 28 , 1915,
ack of	7 AGE  11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3,5.0 km. The CAUSE OF DEATH * was as follows:
no si	8 OCCUPATION (a) Trade, prefession, or particular kind of work  A vuse Wife	I Topelle y
truction	(b) General nature of ledustry business, or establishment in which employed (or employer)	(Buretion) yrs. mos. ds.
1361	9 SIRTHPLACE (State or country) Maryland	Contributory
ŭ N	10 NAME OF Janatius Orndory	(Signed) Jahris 1/3 aurie, M. D.
20172	I BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Dwath, or, in deaths from Youland Causes, state (1) Means of Injury; and (2) whether Accidental, Suicioal or Homicidal.
very Im	of MOTHER (Meliorone	SUICIOAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
× ×	13 BIRTHPLACE OF MOTHER (State or country)  (Make or country)	At place le the ef deeth yes mes de. State, yes mes de. Where was disease contracted,
0	(Informant) Edgar & dames	If not at place of death?
2000	(Address) Cumitstung Syd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5	Fled plec 29, 1911 - M. F. Shuff	20 UNDERTAKER ADDRESS  ADDRESS  LAROF L. Hokkser & Son Cumpshing Sun
	If more blanks are needed, address State Registrar	7

[Approved by U. S. Census and American Public Health

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. Never return "Laborer," For persons who have no occupation whatever The material worked on may form part without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... lapse," "Coma," "Convulsions," "De genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercur-Never report mere "Atrophy," "Exhaustion," important. ("Con-



## MARGIN RESERVED FOR BINDING

RECORD

ERMANENT

-THIS

INK

UNFADING

PL

WRITE

30

state SICIANS should OCCUPATION IS PHYSICIANS AG may terms. plai lastruct = DEATH Item OF Every Item CAUSE OF Important. 80 ż

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] account PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRISO, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day.....hrs OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. .... mos. ... ds. State\_ Where was disease contracted. THE ABOVE IS TRUE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid, use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehacvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-



m

ż

PLACE OF DEATH 21646	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 130
Village or City Cince Hills (No,	St.; Ward)  [If death occurred in a hespital or institution, give its NAME instead
2 FULL NAME Etta Ambe	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Que 30, 1916 (Month) (Day) (Year)
6 DATE OF BIRTH	Dec 24 1985, to Dec 30 , 1915,
7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  1 day, hrs.  OR min.?	and that death occurred on the date stated above, at Government of the CAUSE OF DEATH * was as follows:
8 SCCUPATION (a) Trade, pretession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Buratlon) yrs. mos. 6 ds.
SIRTHPLACE (State or country) Mangland	Contributory Secondary  (Buratten)  Tre.   mee.   de.
10 NAME OF FATHER Seines Ambersh	(Signed) (Signed) (Address) Dredenat ) mg
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME O	*State the Disease Causing Dratti, or, in deaths from Violent Causes, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal or Homicioal.
OF MOTHER Matte Hallman  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At placs tables, the state, the stat
(Informant) James Ambersh	If not at piece of death ?
(Address) Leine Hilm	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jan. 1916.
1000 31 16-1701 10 1 1 mls in	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. "Foreman," "Manager," "Dealer," etc., without more taken to report specifically the occupations of persons Statement of Occupation-Precise statement of oeeupathe second statement. Never return "Laborer," For persons who have no occupation whatever The material worked on may form part Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

genital," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICINAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCINENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal eonditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic Struck to determine definitely. Examples: Accidental drowning; by railway train-accident; Revolver wound Always qualify all diseases resulting from ehild-"Senile," etc.), "Dropsy," The contributory (secondary or intereur-"Atrophy," "Col-"Exhaustion," acid-probably ("Con-



PERMANENT UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH of Information

DEATH

N. B.—Every Item c CAUSE OF I

15

Filed Dec 20

V. E. No. 1.

PHYSICIANS should state of OCCUPATION is very

RECORD

#### STATE OF MARYLAND CERTIFICATE OF DEATH

1 PLACE OF DEATH 21647 County-



C	Registration Dist. No. 30
VIIIage or City Kar Brung hom (No, _	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Sec. 19 , 191/ (Month) (Day (Year)
Ochology, 38, 1910  (Month) (Day (Year)  7 AGE  2 yrs 2 mos 18 ds. OR min.?	that I last saw h History Care Cher, 191 and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	Preumong (5)
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Whooping Couples Secondary
10 NAME OF FATHER Office demate  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) (Ouration) yrs mos 7 ds.  (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs,mosfs  Where was disease contracted,

REGISTRAR

If not at place of death?

OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

usual residence

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-



V. S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
countridences (a)	CERTIFICATE OF DEATH
0 1 .00	Registration Dist. No. 146
Village or City Ame Gram	St.; Ward) [It death occurred in a hospital or institution, give its MAME instead of street an number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWS	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended deceased from
Com 8 1837	(1913, 1913, to (1913, 1
(Month) (Day (Year)	that I last saw harmalive on 1910
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
yrs	The CAUSE OF DEATH* was as follows:
COCCUPATION (a) Trade, profession, or	
particular kind of work	
(b) General nature of Industry, business, or establishmenf in which employed (or employer)	(Duration)mosds.
9 BETHPACE (Statu r country)	Gontributory Secondary
10 Name of	(Buration) yrs mos. ds.
Our Luce	(Signed) , M. D.
11 BID ACE	(Address) Ammiller
11 BIDMLACE OF FALHER (State of many)  12 MAIDEN NAME 05 M9THER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a combir.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
BIRTHPLAGE OF MOTHER	OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUCTO THE TOTAL OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Interment) grel denn and	If not at place of death?
(Address) Kusman Tond	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 (ADDIESS)	Beaux Dan Lec 9 1815
Fled Dec 29, 1915 lehas & Grosmicky	20 UNDERTAKER ADDRESS
CA CEP REGISTRAR	Regimench Son Winon Budes
If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nee-Civil engincer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tuberculçsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN W. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND		
Judenil 1	CERTIFICATE OF DEATH		
County 21649	Registered No.		
Village or City (No. (No.	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]		
* FULL NAME Jachanah Day	los Dook		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE MARRIED MINOUED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
6 DATE OF BIRTH Quy 20 1847	1915 to dec 11 1915.		
(Month) (Day) (Year)	that I last saw h ML alive on Mele 10 ,1915.		
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at		
60 yrs. 3 mos. 4 ds. OR min. ?	De CAUSE OF DEATH AND A CONTROL OF A		
(a) Trade, profession, pr Placksmith	Manual January		
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.		
9 BIRTHPLACE (State or country)	(Secondary)  (Daration)  yrs		
10 NAME OF James Booth	(Signey) N. D.		
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VioLent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
of Mother Sallie anold	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place et death?		
(Intermant) Chas Osoth	Former or usual residence		
(Address) Drumswick my	Known ll. Med Dec 14 1813		
Filed Azc/3 191 J denn Tray REGISTRAR	20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarriage, as "Purrerran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," For VIO-



RECORD

PERMANENT

4

UNFADING INK-THIS IS

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate.

WRITE PLAINLY, WITH

V. S. No.

0 ż

1 PLACE OF DEATH	STATE OF MARYLAND
County Frederick 21650	CERTIFICATE OF DEATH
County	Registration Dist. No. 189
Village or City Tabillarvicle (No	Bouses [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mole, 4 color or race Single, Widowed, Wile the word)	16 DATE OF DEATH (Month) (Day (Year)
TAGE  OATE OF BIRTH  OATE OF BIRTH	that I last saw hour alive on Ble 5th 1915, and that death occurred on the date stated above, at 6th 6th 6th 6th 6th 6th 6th 6th 6th 6t
yrs mos ds OR min. ?  6 OCCUPATION (a) Trade, profession, or particular kind of work.	Birtheria
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Secondary
OF FATHER (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	(Signed) (Buration) yrs
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds  Where was disease contracted,
(Interment) (Interment)	If not at place of death?  Former or  usual residence
(Address) Pabellas villes and  15 Filed Doc 9, 190 Cuf Storn REGISTRAR	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated 'thus: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. ncss. If retired from business, that fact may be Indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless luportant. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic theuia," "Anaemia" (mercly symptomatic), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnaultion," "Marus "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles cause of death approved by Committee on Nomencla-"Contributory." by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustiou," Never report



0 Z

10

Coun	Place of Death  21651	9
Villag	2 FULL NAME Jesse & B	xlo
	PERSONAL AND STATISTICAL PARTICULARS	
3 SE!	4 COLOR OR RACE 5 SINGLE, MARRIED Married WIDOWED OR DIVORCED (Write the word)	16 DA
	(Month) (Day) (Year)	that
7 AG		and t
(b) bus whi	CUPATION Trade, profession, or Ilcular kind of work  General nature of industry Incess, or establishment in ch employed (or employer)  PTHPLACE (State or country)  Maryland	C
	1D NAME OF FATHER Frank Briscoe	(Signed
ENTS	11 BIRTHPLACE OF FATHER (State or country)  **Mod	CS
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LE OR Al pla of do:
	(Informant) Moss Exelus Change  (Address) 26, 2000 St	Where If not Forme usual
15 F86	(Address) Co. 1915 Ind. Milburda	20 U

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution. give its NAME instead of street and number.

DATE OF BURIAL

MEDICAL CERTIFICATE OF DEATH OF DEATH I HEREBY CERTIFY, That I attended deceased from nat death occurred on the date stated above, a AUSE OF DEATH \* was as follows: ntributory econdary (Address) .... \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT USRS, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, RECENT RESIDENTS) State, .....yrs. .....mee. ..... res disesse costreeled, t slece of death ?....

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulemployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," ctc., without more mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corrbospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for mahignant neoplasms); Measles; Whooping SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, nephritis, etc. "PUERPERAL perilonitis," etc. State cause for which on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of The contributory (secondary or intercur-



N. B.—Every frem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING A UNFADING INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH MARGIN V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND	
	Masdeich, 21652	CERTIFICATE OF DEATH	
Cou	nty Cottee CR	Registration Dist. No. 18 1	
Vilta	ge or City adaecestony (No	St.; Ward) [If death occurred in	
	(110,	a hospital or institution,	
	Norge Muse /	of street and number.]	
	FULL NAME		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH de of the	
90	WIDOWED.	(Month) (Day (Year)	
///	all Mute GROWORCED (Write the word)	17 I HEREBY GERTIFY, That I attended deceased from	
DAT	E OF BIRTH	Mov. 15 1915 to DEC 7 to 1915.	
	1/00, 13-, 19/3-	that I last saw hamalive on DEC 7th 1916	
7 AGE	(Month) (Day (Year)	3 16-0	
	1 dayhrs.	and that death occurred on the date stated above, at	
	yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:	
OCC	CUPATION LA	Wil alexander	
parti	rade, profession, or culture from the cu	Manual Control of the	
(b) 6	deneral nature of Indostry,	0.0	
	ess, or establishment in Arcfacet	(Guration) yrs mos ds.	
9 BIR	THPLACE State or country)	Secondary Secondary	
(,	forderch Co Med	2 Clause	
	NAME OF CIPER M. P.	(1 1, 1)	
_	If Usly Brown	(Signed) 100 M. O.	
PARENTS	BIRTHPLACE OF FATHER	Cel 1915 (Address) Racustony, His	
M _	(State or country) Maryland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
AR	of Mother of and of	TAL, SUICIDAL, or HOMICIDAL.	
-	Hag Melissa Sull	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	OF MOTHER MICHAEL	At place In the	
4 74	(State or country) Menglacea	of death yrs mos ds. State yrs mos ds Where was disease contracted,	
TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?	
(In	formant) Harry J. Muccas,	Former or usual residence	
	(Address) address West	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL	
16	(AUUI 600 )	Anderich, Med, Ose, 9, 1915-	
Filed	De 8 mi TClude Rolling	20 UNDERTAKER & CO	
riiea.	REGISTRAR	R. M. Olacison She my hi	
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. A.	

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care additional line is provided for the latter statement; cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify aii diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ture of the Americau Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report



No.

30

8

ż

state Very

#### OCCUPATION IS pinous PHYSICIANS RECORD Ö PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED DATE OF BIRTH (Month) (Day TAGE If LESS than f day hrs. OR ..... 7 properly AGE OCCUPATION (a) Trade, profession, er particular kind of work. (b) General nature of industry, business, or establishmeof in pe which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully 10 NAME OF FATHER PARENTS 11 BIRTHPLACE pino OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Instructions plai = 13 BIRTHPLACE OF MOTHER (State or country) DEATH WRITE THE ABOVE 0 CAUSE OF Important

(Address).

15

PLACE OF DEATH

21653

(Year)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

rocor	St.;wara	a hospital or institution, give its NAME instead of street and number.]
MEDICA	L CERTIFICATE O	F DEATH
16 DATE OF DEATH	Dec,	1et , 1915
17 I HERE 12		(Day (Year)
that I last aaw h	Đ	
and that death occurred The CAUSE OF DEATH		above, at A.m.
Couvul	alustrile	• 0/
Contributory		yrs mos ds.
(Signed) 1915	(Address) ad	austoury, Mg
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOR	CAUSING DEATH, or EANS OF INJURY; and MICIDAL.	, in deaths from VIOLENT nd (2) whether ACCIDEN-
18 LENGTH OF RESIDE OR RECENT RESIDENTS AI place of death yrs m Where was disease contracted if not af place of death? Former or usual residence.	NCE (FOR HOSPITALS ) In the os ds. State i,	. Inatitutiona, Transienta,
PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER		ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measics (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of (secondary or intercurrent) Never report



0 STATE OF MARYLAND PHYSICIAN CERTIFICATE OF DEATH Registration Dist. No. If death eccurred in .Ward) a hospital or institution, give its NAME Instead EXACTL of street and number. ] RECORD properly classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR DR RACE SINGLE. be stated 16 DATE OF DEATH PERMANENT MARRIED, WIDDWED OR DIVORCED (Month) certificate. (Day) I HEREBY CERTIFY, That I attended deceased from should 00 (Month) (Day) (Year) 7 AGE If LESS than BCK t day. hrs. 0 min. ? that OCCUPATION (a) Trade, profession, er supplied instructions o particular kind of work NX 08 bosiness, er establishment in UNFADING terms carefully which empleyed (or empleyer) BIRTHPLACE (State or country) Contributory Secondary lain See 10 NAME OF 9 WITH 2 FATHER pino Important Should II BIRTHPLACE PARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. PLAINLY, of information CAUSE OF DI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very 13 BIRTHPLACE OF MOTHER WRITE At piecs In the 10 (State or country) of donth Should state CAI Where was disease coefracted. If not al place of death? Former or usuct residence DATE OF BURIAL 0 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

BINDING

ō

回回

ESE

ARGIN



### CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, urespective of age business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

"Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUBRPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercur-"Atrophy," "Col-



PHYSICIANS t statement of CERTIFICATE OF Registration Dist. No. EXACTLY. Olisabeth Cannon RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, Russlo 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, PERMANENT WIDOWED OR DIVORCED porly properly srtificate. attended deceased from 6 DATE OF BIRTH should 1909 (Year) 60 00 (Month) (Day) If LESS than 7 AGE of may 2 1 day, hrs. X O OR min. ? THIS d + BOCCUPATION
(a) Trade, profession, pr 60 pplied. tha ons particular kind of work. 20 (b) General nature of Industry ns terms, Instructi business, or establishment in carefully which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) C See 10 NAME OF 5 (Signed) pino Important ARENTS 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT d (State or country) CAUSES, State (1) MEANS OF INJUST; and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL 50 12 MAIDEN NAME Information AUSE OF LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS BIRTHPLACE In the OF MOTHER of dooth State, .....yre. ..... (State or country mee. .....de. Where wee disease contracted. te CA If not at alace of deeth? should state Former or neual reoldence 15 m

1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

DEATH

DATE OF BURIAL

ADDRESS

It death occurred in a hespital or institution. give its NAME Instead

ot street and number.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cngineer, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound state means of injury and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the rent) affection need not be stated unless nephritis, cte. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations -homicide; Poisoned by carbolic The contributory (secondary or intercur-"Puerperal septichaemia," Never report mere acid-probably ACCIDENTAL, important.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND	
County Frederick 216.50	CERTIFICATE OF DEATH	
	Registration Dist. No.	
VIIIage or City Fellow Spinongs.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
	MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS  3 SEX   4 COLOR OF PACE   5 SINGLE, Merryle		
Marrie (Write the word)	16 OATE OF OEATH  (Month)  (Day)  (Year)	
6 OATE OF BIRTH	17   HEREBY CERTIFY, That   attended deceased from	
	05e-13,1910, to 20,1915,	
(Month) (Day) (Yoar)	that I last saw h mailve on 152 32, 191 5,	
7 AGE If LESS faen	and that death occurred on the date stated above, at 3	
3 yrs 3 mes ds. OR min.?	The CAUSE OF DEATH * was as follows:	
Coccupation (a) Trade, profession, or particular kind of wark	Dearlet- Tevan	
(b) General nature of Industry business, or establishment in	(Berellee) yre. mes 2 3 de.	
which employed (er employer)	Contributory Secondary	
9 BIRTHPLACE (State or country)		
10 NAME OF	(Duration) yra. mea ds.	
FATHER Clayton & Comon	(Sigopd) , M. I.	
	220 30, 181 S (Address) Truderick MV	
I'BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME	"State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE	OR RECENT RESIDENTS) At siece is the	
OF MOTHER (State or country) Mod	of doethyremeede. State,yremeede.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wee disease contracted,  If set at place of death?	
(informant) Am Cannon	Former or soul residence	
(Address Gellow Springs	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL	
(MBUIDSO)	Tleasant Hill Dec 30, 1016	
16 19/3) in - IM Fortuner	20 UNDERTAKER ADORESS	
Filed To 1910 REGISTRAR	Thomas J. Rice Frederick	
If more blanks are needed address State Registrer	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and ehildren, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Locomotive engineer, Foreman, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childete., when a definite disease ean be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Anaemia" (merely symptomatie), "Atropuy, chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of head-homicide; Poisoned by carbolic Struck birth or miscarriage by railway train-accident; Revolver wound "Senile," etc.), "Dropsy," as "Puerperal septichaemia," "Atrophy," "Colacid-probably "Exhaustion," ("Con-



PERMANENT BINDING 4 日の日 THIS RESERVED INK UNFADING MARGIN WITH PLAINLY,

> No. 02

RECORD

Very PHYSICIANS should state County Frederick lod OCCUPATION IS -Ward) jo **Exact** statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. MARRIEO, Married 16 DATE OF DEATH 3 SFY 4 COLOR OR RACE 5 SINGLE, OROIVORCED (Write the word) stated DATE OF BIRTH ciassifled. (Month) (Day (Year) 7 AGE If LESS than pinous f day hrs. properly AGE OCCUPATION (a) Trade, profession, or supplied. (b) General nature of industry. business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER 20 9 back PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country should 0 12 MAIDEN NAME plain instructions OF MOTHER = 13 BIRTHPLACE OF MOTHER (State or country EATH 14 THE ABOVE IS (Intermant) OF Every Item CAUSE OF Important. 15 nyersoulce REGISTRAR 1. Hadfull

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 145

Ilt death occurred in a hospital or institution, give its NAME Instead of sfreef and number.]

@0000m20aaaaaaaaaaaaaaaaaaa			, 191.W
HE STEEL	(Month)	(Day	(Year)
17   I HEREBY	GERTIFY, That	I attended de	ceased from
Sept. 20, 11	10	C. 2/1	, 191,
that I last saw h M. al		c. 20	, 191
and that death occurred	on the date state	d above, at#	-50A m.
The CAUSE OF DEATH*	0 // /	4 2	6
		1	
			***************************************
	(Duration)	yrs. 4	mosds.
Contributory	abetes		.EU
Secondary	lea	1. D	
	(Doraflog)	yrs	.mosds,
(Signed) Calp	h (pou	meny	, M. D.
Sec 23, 1815 (	Address) My	esofell	la "
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI			rom VIOLENT her Acciden-
18 LENGTH OF RESIDENT			
At place	In the		
of death yrs mos.	ds. State .	yrs,	mos ds
Where was disease contracted, if not at place of death?			
Former or	**********************	8 a 8 8 8 a 9 8 8 8 8 8 8 8 8 8 8 8 8 8	
usual residence	***********************	00.000000 -4:8 <del>0</del> #0 6+4 a <b>0</b> a a a a a a	***************************************
19 PLACE OF BURIAL OF	REMOVAL	DATE OF	BURIAL
Middletown		Dec. 2	£ 191 5
20 UNDERTAKER	1.	ADDRESS	\

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer statement. who have no occupation whatever, write None. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemic cere-CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Carcin-

> mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopncumeria (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canmere symptoms or terminal conditions, such as "As Committee on NomenclaMedical Association.)
>
> artificity Jooked Car thoroughly and all questail, it will prepart further corresponde e certificate permanently fled. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Seuile," etc.), "Dropsy," "Exhaustion," State cause for Never report

tions answered i the certificate If this certifica

S. No. 1.

N.B.

1 PLACE OF DEATH

County Jud. Co.	CERTIFICATE OF DEATH  Registration Dist. No
Village or City Mean of Jamsville (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF OEATH 2 C 7 , 1913- (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw hafive on
TAGE  STORYTS MOS. 2 U If LESS than 1 day, hrs. OR min.?  CR OR Min.?  B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at A. Pm.  The CAUSE OF DEATH * was as follows:  Cerebral Turbolison  (Found dead history Corn)  (Burallon) yre. mee. de.
9 BIRTHPLACE (State or country) luck,	Contributory Certurio Silerosis Secondary  (Baratten) yrs. mos. de.
10 NAME OF James Chase  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) C. J. Magurdu - M. C.  *State the DIREASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to the state of death yes
(Informant) Will Chare  (Address) Yamsville Ing.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Derruice  20 UNDERTAKER  ADDRESS
Filed , 191 REGISTRAR  If more blanks are needed, address State Registrar.	Sur, Peters trul. fet - Mref.  16 W. Saratoga St., Balton, Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekcepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. Compositor, Architect, For persons who have no occupation whatever, The material werked on may form part statement. Never return "Laborer," If the occupation has been changed Women at home, who are engaged in Locomotive engineer, without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . . (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Uraemia," "Weakness," The contributory (secondary or intercurtrain-accident; Revolver as "PUERPERAL schichaemia," State cause for which Never report mere punon



RECORD PERMANENT BINDING 20 INK-SERVED UNFADING C ARGIN

state

SICIANS should occupation is

statement

classified. pe

properly ACE

may

that It

80 0

terms.

=

plai

=

ATH

Every item CAUSE OF Important.

should

certificate.

back

Instructions

pinous

supplied. pe

PHYSICIANS

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH trider Registration Dist. No Ilf death occurred in Ward) a hospital or Institution. give its NAME lostead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED, WILDWID. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE Z. 191 5 .- (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_ Where was disease contracted. If not at place of death? usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer statement. Never return "Laborer," "Foreman," "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medleai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For Vio-



No. 1. ů,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County 121660	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 130
Village or City adamstonueno	St.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	LOR = 4 , 1915 to LOR / 6 , 1915 that I last saw he allycon LOR / 1915
7 AGE it LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, at Am The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Brouchs-perennin
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory (Duration)yrsmos/~ us
9 BIRTHPLACE (State or country)  10 NAME OF FATHER ASSAULT PARTIES ASSAULT PAR	(Secondary)  (Duration) yrs mos ds  (Signed) type de Aruler M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death
(informant)	If not at place of death?  Former or  usual residence.
16 Filed Occ / 7, 1915 T. Clyd Roulon	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrperal scottchaeoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, mia," "PUERPERAL perilonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disense causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of or as probably Never report Examples:



	RECORD	PHYSICIANS should state of OCCUPATION Is very
T. B. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Tem of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
R		2

PLACE OF DEATH	STATE OF MARYLAND	
County Frederick	CERTIFICATE OF DEATH	
	Registration Dist. No. 103	
Village or City It alburande.	St.; Ward)  [If death occurred to a hospital or institution, give its NAME iostead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male It lite Single, MARRIEO, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
Northwar Port 2 1846  (Month) (Day) 24 Year)	Occ. 1913, to Dec. 5-, 1915- that I last saw have alive on Dec. 15-, 1915-	
Ggyrs mos. ds. or mio.?	and that death occurred on the date stated above, at 4, 200m, The CAUSE OF DEATH* was as follows:	
(a) Frade, profession, or particular kind of work Butelus	right side of free	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Z yrs. — mos. — ds.	
9 BIRTHPLACE (State or country) Huderick Co.	(Secondary)	
FATHER Chillips Commell	(Signed) (Opration) yrs mos ds.	
11 BIRTHPLACE OF FATHER  OF FATHER  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL	
13 BIRTHPLACE OF MOTHER (State of country) Fuderick Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds.	
(Informant) and the BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence	
(Address) Haltaersville.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERVAKER ADDRESS  ADDRESS	
// REGISTRAR	Putmen & Barton Halkerville	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekccpers additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Houscuife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 de.; Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN V. S. No. 1.

BINDING

FOR

RESERVED

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Forsilerich (No. 315,	Registration Dist. No. / 9 / Madison / St.; Ward)  [If death occurred in a hospital or institution, give Ils NAME instead
<sup>2</sup> FULL NAME Van (0. 20 Ele	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Strong Marriel  Wale white Strong Marriel  OR DIVORCED  OR DIVORCED  OR DIVORCED  OR DIVORCED  OR DIVORCED  OR DIVORCED	16 DATE OF DEATH  (Month)  (Day)  (Year)
TAGE  TAGE  TO DATE OF BIRTH  (Month)  (Month)  (Day)  (Year)  (If LESS than 1 day, hrs. or min.?	that I last sawh malive on the date stated above, at I m.  The CAUSE OF DEATH was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of lodustry business, or establishment in which emplayed (or employer)  BIRTHPLACE (State or country)	(Oursilon) yrs. 9 mos. ds.  Contributory Secondary
10 NAME OF FATHER BY James & clashowth  11 BIRTHPLACE OF FATHER (State or country)  12 NAIDEN NAME OF MOTHER Julia Simple son	(Signed)  (Signed)  (State the DISEABE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Talognant) Brogs Delustrictt	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece : In this ef death
(Address) Poderdi Md  Filed 2 / All 1916 Care Deaded, address State Registrar.	10 PLACE OF BURIAL OR REMOVAL  Att Olivet Cerry Development 19 191 191 191 191 191 191 191 191 191



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) suicidc. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal scplichaemia," "Senile," etc.), The contributory (secondary or intercur-"Dropsy," State cause for which Never "Exhaustion," report mere



200

state Very SICIANS should occuPATION IS PHYSICIANS -Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 4 COLOR OR BACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Write the word) DATE OF BIRTH classified. Month) (Day (Year) TAGE If LESS than 1 day ..... hrs. DEATH\* OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or INK particular kind of work. (b) General nature of Industry. UNFADING business, or establishment in (Buration) which amployed (or employer) --9 BIRTHPLACE (State or country) Contributory Secondary 1D NAME OF FATHER 0 terms, n back PARENTS 11 BIRTHPLACE . 191.4. (Address) OF FATHER (State or country) 12 MAIDEN NAME EATH in plair OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death Yrs. \_ mos. . \_ ds. State WRITE Where was disease contracted. If not at place of death? Former or usual residence. Importa PLACE OF BURNAL OR REMOVAL DATE OF BURIAL CAUSI 20 ADDRESS REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred to a hospital or lostitution, give Its NAME lostead of street and number.]

MEDICAL CERTIFICATE OF DEATH

1911 (Day (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above. \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation—Precise statement of occupa-tion is very important, so that the relative mealthfulduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on tho (a) Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, Ex-



m	
FOR	
RESERVED	
MARGIN	

02

Very CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. PHYSICIANS Ilf death occurred la Village or City .....Ward) RECORD a hospital or institution. give its NAME instead ot street and number. ] jo PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SFY S SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) (Day Exact I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. be (Month) (Day TAGE should It LESS than and that death occurred on the date stated above, st. 1 day, .....hrs. INK-THIS The CAUSE OF DEATH\* was as follows: OR ..... min. ? AGE BOCCUPATION (a) Trade, profession, or particular kind of work. csrefully supplied. be (b) General nature of Industry. UNFADING business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that (Duration) 10 NAME OF FATHER 80 (Signed) jo back ARENTS piain terms. 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME EATH in pialn e instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country WRITE Where was disease contracted. 50 if not at place of death?. 0 Former or Item OF usual residence Every It DATE OF BURIAL (Address) ..... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Year)

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive first line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid decumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) dcath), 29 ds.; For vio-





PHYSICIANS should state of OCCUPATION Is very RECORD statement PERMANENT stated EXACTLY. BINDING 4 classified. should FOR UNFADING INK-THIS properly AGE RESERVED supplied. MARGIN PLAINLY, WITH WRITE N. B.—Every Item CAUSE OF Important.

8. No. 1.

15

County Thereof 21665	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Telusale (No	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*SEX COLOR OR RACE MARRIED. SUNGE. WIDOWED. OR DIVORCED OR DIVORCE	16 DATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY GERTIFY, That I sttended deceased from
(Month) (Day) (Year)  7 AGE  7 Q yrs. 9 mos. 0 ds. 0Rmin.?	that I last saw here alive on NEO 6 1915 m  and that death occurred on the date stated above, at 1.20 m  The CAUSE OF DEATH* was as follows:  Pal rely Next
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  PRIRTHPLACE (State or country)	(Duratiee) yrs. mos. ds.
10 NAME OF FATHER ACMY & DWALL  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER ACMY ACMY ACMY ACMY ACMY ACMY ACMY ACMY	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  August Clargette Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not all place of death?  Former or usual residence
(Addrass) Kny wille ml	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

-, 191 V

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Purrement septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medicai Association.) . by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Candeath), 29 ds.; Examples: FOr VIO-



N. B.

PLACE OF DEATH 21666	STATE OF MARYLAND
County Tredit	CERTIFICATE OF DEATH
7 . 1	Registration Dist. No. / J
Village or City Method William 7.	St.; Ward)  [ft death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE 5 SINGLE, MARRIED, Maried OR DIVORCED (Write the word)	16 DATE OF DEATH / 2 9 , 1916 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
9425 25 (Month) (Day) (Year)	that I last saw h
38 yrs. 10 mos. 4 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or Bralling or PR particular kind of work  (b) General nature of industry	accident L
business, or establishment in which employed (or employer)	Contributory (Guratton) X yrs. Amos. ds.
9 BIRTHPLACE (State or country) Thurmont Md.  10 NAME OF FATHER Tohn Engli  11 BIRTHPLACE OF FATHER (State or country) Thurmont Md.  12 MAIDEN NAME OF MOTHER Annual M. Sloveering	Secondary  (Signed)  (Signed)  State the Disease Causing Death, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicioal or Homicioal.
13 BIRTHPLACE OF MOTHER (State or country) Hurmont Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the effect was disease outracted,  Where was disease outracted,
(Informant) I THE BEST OF MY KNOWLEDGE	if not at placs of death ?  Former or  usual residence
(Address) Deutsten 218  16  Filed 1915, 1915 Phophican	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  ADDRE
If more blanks are needed, address State Registrar, I	The stay of the st

... ds.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precisc specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, various pursuits can be known. The question Women at home, who are engaged in

Statement of Canse of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal perilonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, causc. "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intereurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion, Never report mere



vô.

50

Cour	ity Fred	erick	**************************************		
Villa	ge or City	ear My G	iry	(No.	Te . 0
	² FUL	L NAME CO	vra	M G	riesne
	PERSON	AL AND STAT			ARS
3 SE	ale	Hhite	WIO	RRIED, MONEO DIVORCED te the word)	rdours
6 DA	TE OF BIRTH		- 1	of Est pan	
		no	onth)	(Day)	, 1826 (Year)
7 AG	E	(14)	onth)	(Day)	If LESS than
		89 yrs /		14.	1 day, hrs.
bu	) General nature siness, or estab ich employed (or RTHPLACE (State or count	dishment in remployer)	in	flrai	na
	10 NAME OF	abra	ne	First	her
ENTS	OF FATH (State of	ACE PRINTERS OF	in	relie	ma
PAR	12 MAIDEN OF MOT		Tes	rous	V
	13 BIRTHPL OF MOTH (State of	ACE HER country) 72	of i	Error	in
14 TI	HE ABOVE IS	TRUE TO THE B	EST OF N	HIS	her
	(Address)	Gared	eri	ili C	dy lu
15 Filt	Ste?	22, 191 5	71.1	1600	di s

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

St.;...

Registration Dist. No.

Ward)	[If death occurred in
	a hospital or institution,

of street and number.

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH CERTIFY, That | attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OR RECENT RESIDENTS) In Ihe Slale, yrs. mos. \_\_\_\_\_\_yrs. \_\_\_\_\_\_mos. \_\_\_\_ Where wes disease contracted, If not al place of death? Former or usual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Doy laborer, Farm loborer, Loborer "Foreman," "Manager," "Dealer." etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the prinary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated suicide. heod-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Publipmenta," "Publipmenta," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, etc., when a definite disease can be ascertained as the "Heart failure," "Hremorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," chopheumonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic wheular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, perilonaeum, etc., Corcinoma, Sarcomo, etc., of . . . . (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Debility" "Exhaustion," ("Con-



should state

OCCUPATION

90

statement

stated

pe

P

shoul

supplied. pe

may

that it mi

50

terms, n back

plain

=

019

EVERY

00

Instructions

mportant.

should

classified.

PERMANENT

4

INK

UNFADING

WITH

PLAINLY

PHYSICIANS

#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lit death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. Write the word) I HEREBY CERTIFY, That I attended deceased from G DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at \_\_\_\_\_ 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 6 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country At place in the \_\_\_\_\_ yrs. ..... mos. .... State Where was disease contracted. it not at place of death? Former or osual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specition is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-



UNFADING INK-THIS

WRITE

V. S. No. 1.

PERMANENT

See instructions on back of certificate.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very of information should be

PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty	144
	A	Registration Dist. No.
Vill	lage or City (No,	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead
	FULL NAME Susan Elizabet	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
331	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	10 DATE OF DEATH (Month) (Day (Year)
6 0	ATE OF BIRTH  LOS 23 1834	I HEREBY CERTIFY. That I attended deceased from
TAG	(Month) (Day (Year)	that I last saw her alive on the first saw her alive of the first saw her a
	ge If LESS than 1 day, hrs. or min.?	and that desth occurred on the date stated above, at
(b) bus whi	Trade, profession, or ritcutar kind of work.  General nature of industry, riness, or establishment in ich employed (or employer)	(Ouration) yrs mos 4
BI	RTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos de
	10 NAME OF John Callylour	(Signed) Maris la Bushy . M. E
ARENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violence Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAR	of MOTHER Walida Williele	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS TRANSFERS
	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds
	(lotomant)	Where was disease contracted, If not at place of death?  Former or usual residence
16	(Address) Thurmwhad	19 CLACE OF BURIAL OR REMOVAL DATE OF BURIAL STACKLES 1915
File	ed DeC, 3, 1915, anna M. Jones	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of Ex-10



5	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemer important. See instructions on back of certificate.
מ מ	THIS IS A	E should be erly classified
	JING INK	supplied. AG may be proper.
	TH UNFAL	be carefully it, so that it it of certificat
	AINLY, WI	nation should in plain terms
4	WRITE PL	or DEATH
V. S. No. 1.		N. B.—Every CAUSE Importa

PHYSICIANS should state

21670	N.
-------	----

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	ounty Frederick 21670	CERTIFICATE O	F DEATH
	State I analonema	Registration Dis	
Vi	nage or City(No	St.; Ward	[If death occurred to a hospital or institution, give its NAME instead
8	2 FULL NAME Charles Henry	Foy	nt street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
35	Cale White Single, MARRIED, Divorced, ORDIVORCED (Write the word)	16 DATE OF DEATH Dec, (Month)	(Day , 1915 (Year)
8 D	December 8 1869	HEREBY GERTIFY, That  Oct, 28, 1915, to De	I attended deceased from
7 A	(Month) (Day (Year)  GE   It LESS than	that I last saw h Jun alive on See	191
	45 yrs 11 mos 24 ds. OR min.?	and that death occurred on the date stated.  The CAUSE OF DEATH* was as follows:	above, at 10,000, m
(a	CCUPATION ) Trade, protession, or ricular kind of work	Tulmonary i Saryn ge	20L
bus	General nature of industry, Oep to Packeing House iness, or establishment in Oep to Packeing House	fuctored (Duration)	Oyrs 1 mos 5 ds.
9 B	(State or country) maryland,	GontributorySecondary	• 0
	10 NAME OF GEORGE FOY,	(Signed) W. Howard ye age	
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland,	*State the DISEASE CAUSING DEATH, OF	
PARENT	12 MAIDEN NAME Susaw a akers,	*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS	
	13 BIRTHPLACE OF MOTHER (State or country) Maryland,	At place of death yrs, _/_ mos ds state	£60
	(Informant) W. A. Harduer,	Where was disease contracted, Authorum it not at place of death?	
	(Address) State Janatorum, med.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	20 2 -6 1 1/2	Ballemore, Md.	·····, 191 5 <sub>4</sub>
FI	PEGISTRAR	M. S. Creager	Thurmond Had
			, bull

Thurmond, Hed. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Forcman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



should state

Important. See Instructions on back of certificate.

N.B.

1	21	A	CE	OF	h	17 A	TH
-		-	UE.	Ur	w		



#### STATE OF MARYLAND CERTIFICATE OF DEATH

County Treflice 610	Registered No. 148
VIIIage or City M. Ding 16.7 (No.).	St; Ward)  [it death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fanale White Spirate, Willower, Wildward (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191 , 191 , to 191 , 19
(Month) (Day) (Year)	that I last saw h alive on, 191
TAGE    If LESS than   1 day,hrs.   0 ds.   0 mos.   ds.   0 mos.   0 mos.   ds.   0 mos.   0 mos.	and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:  A Silvery Troke for much  (Duratieo) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Land	Gentributory (Secondary) (Quration)yrsmosds.
10 NAME OF FATHER Augustus G. Scheene  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed)  (Signed)  (Signed)  (Address)  (Address)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos, ds. State yrs, mos, ds.  Where was disease contracted, If not at place of death? Former or usual residence.
(Address). Mr. Pairy.  15 Filed Dec 20, 1915 N. N. Pans.	Place of Burial or REMOVAL DATE OF BURIAL PLANKHINGELLE (M. DER 32, 1915)

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DIBEASE CAUBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of \_\_\_ ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State (name origin; "Candeath), 29 ds.; Examples: cause for



V. S. No. 1.

0 0 SICIANS shoul PHYSICIANS RECORD PERMANENT proper supplied be of back of infor DEATH See inch item OF important. CAUSE m ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... fit death occurred in St .: .....Ward) a hospital or institution. give its NAME inslead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWEO, OROIVORCEO (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 1 day, ....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, protession, or parlicular kind of work (b) General nature of industry, business, or establishment in (Ouration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER , 1915... (Address) 11 BIRTHPLACE OF FATHER (State or country) EN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER State or country ot death ...... yrs. ..... mos. ..... ds. State Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

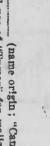
20 UNDERTAKER

ADDRESS

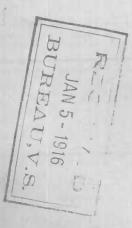
[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. of persons engaged in domestic service for wages, as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-



childbirth or miscarriage. as "Turarrenal scottchae. genitai," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Heart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asaffection need not be stated unless valvular heart disease; Chronic interstitial nephrttis cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railreay train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds. (Recommendations on statement of important. Examples:



1 PLACE OF DEATH	STATE OF MARYLAND
Till W	CERTIFICATE OF DEATH
County 21673	Registration Dist. No.
Village or City Whombille (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married. 2 migle.  White Write the word)	16 DATE OF DEATH /2 20 ,1918 (Month) (Day (Year)
6 DATE OF BIRTH +2 20 ,1915	that I last saw h sur alive on Suc 20th 1915
(Month) (Day (Year)  7 AGE  Alouf 67 yrs mos ds OR min.?	and that death occurred on the date stated above, at 8./3 Pm. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory La value Secondary  (Question) yrs mos ds.
11 BIRTHPLACE OF FATHEH (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW EDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or
(Address). Filed Dec 21, 1915 / Cly de Andon	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  20 UNDERTAKER  APDRESS
REGISTRAR	strar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous "Laborer," "Foreman," engineer.

Statement of cause of death—Name, first, the Disease causing death—Name, first, the Disease causing death—Name, first, the Disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the Americau Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of terminal conditions, such as "As-(secondary or intercurrent) "Dropsy," (name origin; "Can-State cause for "Exhaustion," Never report For vio-



SICIANS should

RECORD

PERMANENT

THIS

UNFADING

D

supplied

certificate.

jo

back

plain Instructions

DEAT

Importan CAUSE

15

ō OF

0

ż

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No -Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1100 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 CCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disaasa contracled If not at place of death? usual residence. REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

lif death occurred in

1915

(Year)

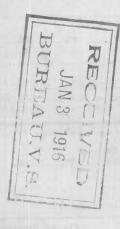
a hospital or lostitution. give its NAME instead of street and number. ]

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

> thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failurc," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



PHYSICIANS N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN V. S. No. 1.

BINDING

FOR

RESERVED

1 PLACE OF DEATH

Village or City/amarile (No. 12 FULL NAME Laure Leup	St.; Ward)	[If death occurred a hospital or institution give its NAME Inslead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Grand Parison  Cocupation  Corresponding to the word of the work of the word o	(Suration)  Contributory Classife Value Secondary  (Signad)  (Signad)  (State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and (2) Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)  At place in the af death yrs. mes. ds. State, where was disease contracted, if not at place of death?  Former or usual residence.	mos. 30  yrs. mos. 30  yrs. mos. 30  Adaths from Violent whether Accidental,

21675

STATE OF MARYLAND

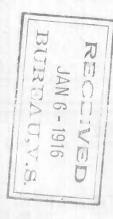
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, ctc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from without more

Statement of Cause of Death—Name, first, the nisease causing death—Name, first, the nisease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, memnnunqualified, is indefinite); Tuberculosis of lungs, memnnunqualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," eause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from ehild-The contributory (secondary or intercur-State cause for which Never report mere important.



PLACE OF DEATH 21676	STATE OF MARYLAND CERTIFICATE OF DEATH
l 0.00	Registration Dist. No. 139
VIIIage or Cip alrelaserlle (No. ,	St; Ward) [If death occurred in a hespital er institution.
2 FULL NAME Samuel Vs	onage give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 color or race 5 single, MARRIED Married or Divorcep (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  Lec. 26 (Month) (Day), 1854 (Year)	that I last saw h LM alive on Allc. 4 1913
7 AGE (Month) (Day) (Year) 1 day, hrs.	and that death occurred on the date stated above, at A.m.
OCCUPATION (a) Trade, prefession, or	The CAUSE OF DEATH * was as follows:
barticular kind of Mork	- owne ourman oran ascelase
(b) General nature of Industry business, or establishment in which employed (ar employer)	(Boration) yrs. 10 mes 26 ds.
9 BIRTHPLACE (State or country)	contributory yotardial Vigeneration
10 NAME OF Michael Sonagle	(Signed) Champey, mos. ds.  (Signed) Champey, M. D.  12/5/, 181, 5 (Address alrelasule mos.)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME) OF MOTHER  OF MOTHER  OF MOTHER	*State the Disease Causing Dwath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
a lackson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At stace In the
(State or country)  14 THE ABOVE IS THE TO THE BEET OF MY KNOWLEDGE	of deathyrsmesds. State,yrsmesds. Where was disease contracted, If not of place of death?
D (Informant) Vaul Isonagle	Formar or usual residence
(Address) Lewiston, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12/7 1915
FRED ALLC. 6, 1915 C. M. Sterr	M. L. Maall Shumont
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired state oecupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

fever (the only definive of fever (the only definive of fever (the only definive of fever (the only definite); Diphtheria (avoid use of frequency); Diphtheria (avoid use of frequency); Typhoid fever (never report "Typhoid pheumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "April 1916, "Lobar pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "April 1916, "Lobar pneumonia, "April 1916, "Lobar pneumonia, "Lobar fever (the only definite synonym is proved (Croup E) spinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ""); causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Statement of Cause of Death-Name, first, the DISEASE Cerebrospinal

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning. "Heart failure," "Haemorrhage," "Inanition," "Marasor miscarriage as "PUERPERAL septichaemia," State cause for which Never report mere wound

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond. If this certificate is looked over thoroughly and all ques-

sent out to be some.

PHYSICIANS should state of OCCUPATION is very

Exact statement

classified.

properly AGE

certificate. carefully

0 0

See instructions on back

PARENTS

15

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Address)

OF FATHER (State or country)

RECORD

PERMANENT

4

THIS

UNFADING INK

WITH

PLAINLY.

WRITE

should

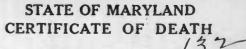
of information

CAUSE OF

80

important.

PLACE OF DEATH	0.4	O M M
County Fridewick	21	677
$\sim$ $\sim$		



Su. n	Registration Dist. No.
Village or City Middletown (No. 2FULL NAME Susau 6	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIOOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  6 19 184  (Month) (Day (Year  7 AGE If LESS t 1 day,	that I last sew have allive on
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Gentributory Phronic Pasen chym etons hefther Secondary  (Buration) yrs mos da

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN

1	OR RECENT RESIDENTS)					•
	At place of death yrs mos	ds.	In the State	yrs	mos.	6
П	Where was disease contracted					

If not at place of death?

usual residence.

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Boonsboro. Mo	12/13
200000000000000000000000000000000000000	

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: For many occupations a single word or term on the (a) Spinner, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton milt; (a) Satesman, Farmer (retired 6 yrs.) For persous "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiulte synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; can-cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease cau be ascertained as the "Heart failure," "Haemorrhage," "Iuanltion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," gcuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: affection need not be stated unless important. etc. The contributory such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



SICIANS ment CERTIFICATE OF DEATH Registration Dist. No. state PHY E. Seventh & : 4 Ward) a hospital or institution. give its NAME Instead of street and number. EXACTLY RECORD ciassified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED Widowal
OR DIVORCED
(Write the word) MARRIED. PERMANENT ONIONIO (Day) perly certificate. CERTIFY, That I attended deceased from 6 DATE OF BIRTH pro should 853 If LESS than 0 7 AGE date stated above, at may 2 Ш 1 day, hrs. CK O was as follows: min.? 40 ba that OCCUPATION poildgus (a) Trade, professioe, er ō Suo NX particular kind of work. 0 (b) General nature of ledustry terms, instructi business, er esfabilskment in UNFADING which employed (or employer) carefully Contributory 9 BIRTHPLACE (State or country) 5 See (Buratian) 10 NAME OF FATHER WITH à 2 pino important. r 11 BIRTHPLACE RENT \*State the DISEASE CAUSINO DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. (State or country) 0 or Di 12 MAIDEN NAME OF MOTHER 4 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS of informs 13 BIRTHPLACE In the OF MOTHER of death \_mee. \_\_\_\_\_de. (State or country) Every item of in should state CA OCCUPATION Where was discose contracted, If not at place of death? Fermer or sanships; lauss DATE OF BURIAL 115 -ADDRESS m omas i တဲ့

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

of

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Branchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (mercly symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound The contributory (secondary or intercur-Poisoned by carbolic "PUERPERAL septichaemia," acid—probably important.



1 PLACE OF DEATH	STATE OF MARYLAND
County Theologick	CERTIFICATE OF DEATH
Outry	3/
7 1 1	nogistration Dist. No.
Village or City Mederick (No. 74, Co	ex/Oahick St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME Generietta News	give its MAMF instead
2 FULL NAME Servilla Plews	may strong and wallout.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MIDOWED Sinche	16 DATE OF DEATH Lev 2 10N
of Turnale White OR OLVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	, 191 , to 7/ - 191 , 191 ,
	that I last saw h Malive on N- Alex, 191
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at mi.
89 yrs. 2 mes. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or	
particular kind of work	Malinia - Heleman
(b) General nature of industry business, or establishment in	
which employed (or employer)	(Buration) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF	Ouretion) / Tre. 7 mos. de.
FATHER / Newson	(Signed) M. D.
"BIRTHPLACE OF FATHER (State or country) Harrown Pa	18- Der 1915 (Address) Thederer
(State or country) Almonu	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
The state of the s	SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Sanone Ca	At place of deeth / yre. 2 mee. de. State, / yre. 2 mee. ds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where wee disease contracted, If art at piece of deeth 2
(Informant) J.M. Newman	Former or
(Address) Frederick Md	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address) Treaterfey (My	D 12/5
3-ALL MATERIAL MATERIAL	20 UNOERTAKER ADDRESS
Filed Me , 1910 Pegistran	C.C. Cartes Francis LAN
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balso., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) (rocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, write None. precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question The material worked on may form part As examples: (a) Spinner, (b) Cotton If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for inalignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless important. The contributory (secondary or intercuracid-probably



PHYSICIANS t statement of ......Ward) EXACTLY. RECORD <sup>2</sup> FULL NAME classified PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX 4 COLOR OR RACE stated MARRIED, PERMANENT WIDDWED OR DIVORCED (Write the word) ay be properly of certificate. pe 6 DATE OF BIRTH pino (Month) if LESS tha 7 AGE may GE 1 day, hrs back THIS so that BOCCUPATION supplied. Instructions on (a) Trade, profession, or particular kind of work (b) General nature of industry plain terms, See instruction business, or establishment in UNFADING carefully which employed (or employer 9 BIRTHPLACE (State or country) 10 NAME OF c FATHER WITH pino very important I PARENTS 11 BIRTHPLACE OF FATHER (State or country) EA PLAINLY. OFD of information MAIDEN NAME OF MOTHER CAUSE 13 BIRTHPLACE OF MOTHER (State or country) WRITE () Every item of int should state CAL OCCUPATION I 14 THE ABOVE IS TO (informant) (Address' 15 Ale Filed m REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

BINDING

0

**区区** 

E

ES C

MARGIN

S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

					 ~ ~ ~ ~
	U.	100	Die		1-5
<b>F</b>	A		- P-1-A	B 2 -	

Registration Dist. No...

if death occurred in a hospitat or institution, give its NAME instead

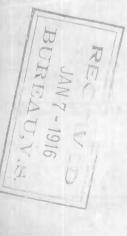
ı	o arecet and manuer.
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Lee 2 4 (Month) (Day) (Year)
=	17 I HEREBY CERTIFY, That I attended deceased from Movember 24,1915, to 2 1,1915,
2	that I last saw h & alive on Dec 2 3 1915
	and that death occurred on the date stated above, at $\mathcal{S}$ = $\mathcal{S}_m$ .
	The CAUSE OF DEATH * was as follows:
•••	mano ofemus,
	Contributory Cyleacaterics de.
_	(Buretien) yrs. mos ds.
6	Dec 3rd, 1814 (Address) Frederick men
_	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicinal of Homicidal.
_	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At class
	At place in the et desth yrs. mes. ds. State, yrs. mos. ds. State, the grant of the
	Former or usus! ros idence
H	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	MI-Oliver Frederick 12/4, 1015
•••	6. E. Cline Frederick
_	

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cion, Compositor, Architect, first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return Locomolive engineer, (a) Spinner, (b) Cotton "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," birth or miscarriage as "Puerperal septichuemio, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion, Never report mere



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

V. S. No. 1.

Z.

1 PLACE OF DEATH	2168	1		STATE OF MA	RYLAND
Same Frederick	0 4100	1	6	CERTIFICATE (	DE DEATH
County reacres			9		134
				Registration D	ist. No.
Village or City Mean New	exptorm (No	27/4/2		St.:Ward)	[If death occurred in
Village of City	(140		9 · · · · · · · · · 9 · Andres · · · · · · · · · · · · · · · · · · ·	······································	a hospital or institution, give its NAME instead
	Bal	72: "			of street and number.]
² FULL NAME	1 3 4	( Ay	<i>Y</i>		•
PERSONAL AND ST	ATISTICAL PARTICU	LARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR F	RACE SINGLE,		16 DATE OF DEATH	2/10	7 5 1015
741 200	WIDOWED OR DIVORCED	Jungl.	***************************************	(Month)	(Day) (Year)
M. Jugar	(Write the word)		17 I HEREBY	Y CERTIFY, That I a	ttended deceased from
6 DATE OF BIRTH				, 191 , to	
Nec	25	1915			
	(Month) (Day)	· (Year)	that I last saw h.		, 191
7 AGE	3 min	It LESS than	and that death oc	curred on the date s	tated above, at A. R. m.
4.7.0	man de	or min.?	The CAUSE OF D	EATH * was as follo	ws:
	ds.		Still an	m - Bruch	nesentation
8 OCCUPATION (a) Trade, prefession, or			Child born	on my as	rival lycept
Cparticular kind of work		, o a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d a 0 d	after co	miley ha	
(b) General nature of lodustry Dusiness, or establishment in				1	4.
which employed (or employer)			* 4 2 0 C C C A A C	(Ouration)	yrs mos ds
9 BIRTHPLACE 0 5 9 5 5 5 5	88498483	ind in the	Contributory	00000	
	derick w	1 2 6 60 5	0 2 2 2 2 2 6 6	(Ouration)	ure mos de
10 NAME OF	1 -1		7/	SIP-Ale	
FATHER Doze	ald Kryg	10	(Signed)		, m. u
M 11 BIRTHPLACE	1 11	2		11.5 (Address) New	uplown.
L DIBIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Mederick G	20	-   CAUSES, state (1)	ISPANE CAUSING DEATH, OF	r, in deaths from VIOLENT (2) whether ACCIDENTAL,
C 12 MAIDEN NAME	. 10		SUICIDAL OF HOME	CIDAL	
OF MOTHER	mue m	wel	18 LENGTH OF RESI		, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	a. 1 . 1		At place	In the	
(State or country)	1 uderich		af death yrs. Where was disease contra		e,yrsmos ds
14 THE ABOVE IS TRUE TO TH	E BEST OF NY, KNOWL	EDGE		?	***************************************
(totarment) Small	d Magao	/	Former er		
Va		D	usoal reeldence		
(Address) Monrovil Mid,			19 PLACE OF BURIL	AL OR REMOVAL	DATE OF BURIAL
15 0			new 10	rasseet	NEC, 26, 101
But Dec 25: 1918 Chounce C. Noove.			20 UNDERTAKER	011	ADDRESS
, 101	**	REGISTRAR	1/6/Vs/	hundal	new Market
If more	blanks are needed, address	State Registrer	16 W. Saratoga St. Bal-	to., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None. business, that fact may be indicated thus: Farmer (retired -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Never return At home. Care should be If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths cause. Always qualify all discases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" and consequences (e. g., scpsis, tctanus) may be stated head-homicide; Poisoned "PUERPERAL peritonitis," etc. State cause for which on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations or miscarriage as "Puenperal septichaemia," "Coma," "Convulsions," "Debility" The nature of the injury, as fracture of skull, railway (merely symptomatic), The contributory (secondary or intercurtrain-accident; Revolver wound by "Dropsy," "Exhaustion," carbolic Never report mere "Atrophy," acid—probably important. ("Con-



1 PLACE OF DEATH

county + 1 21682 (6	Registered No. 14/
Village or City Brugueses (No	St; Ward)  [If death occurred in a hospital or Institution, give its NAME lostesd of sfreef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mark white (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY GERTIFY, That I attended deceased from
(Month) (Day) (Year)	191 to 196 /3 1915, that I last saw him allve on 196 /2 1915
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. A ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Doration)  yrs mos ds.
OF FATHER MARKE ) Pelley  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF TATHER (State or country)	(Signed) , M. 0.  C / 4 , 191 (Address) Brunser Aux  *State the Dismass Causing Dmath, or, in deaths from Violent Causes, state (1) Mmans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER ANNIE COBrien  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Sunsul My  Filed Arc 14, 1915 Cric Now  REGISTRAR	Delevance and Date of Burial Delevance and Address Address Address Delevance and Address
If more blanks are needed, address State Begis tra	r. G.E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Puzzperal septichaecause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malleture of the American Medical Association.) injury, as fracture of skuli, and consequences (e.g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. State cause for tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For VIO-



V. S. No. 1.

### PHYSICIANS should of OCCUPATION is RECORD ciassified. O THIS properly pe UNFADING may that 20 WITH piain information 5 DEATH 9 Every

certificate.

ō

back

instructions

See

important.

state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. lif death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, Thedown (Month) (Dav (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) 7 AGE If LESS than and that death occurred on the date stated above, st. 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trada, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE , 191-2... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs. -(State or country) Where was disease contracted. If not af place of death?osual residence. EACBOF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid discumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for For vio



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

N.B.

PLACE OF DEATH

Co	ounty Fulling 21089	CERTIFICATE OF DEATH
		Registered No.
٧	lliage or City Enoral (No. Roh	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	* FULL NAME COMMON OF CONTE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BE	WIDOWED, howell	(Month) (Day) (Year)
6 D	ATE OF BIRTH Unknown 1	that I last saw h that alive on the transfer of the transfer o
T AG	(Month) (Day) (Year)  GE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or B 40 Imployee particular kind of work  (b) General nature of industry, business, or eetablishment in which employed (or employer)		(Duration) / yrs mos. ds.
9 B	IRTHPLACE tate or country)  Ind	(Secondary) (Deration) (Secondary) (Secondary) (Deration)
S	10 NAME OF FATHER Joseph a Rohn	(Signed), M. O.
Z (State or country	OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Many J Kennedley  13 BIRTHPLACE OF MOTHER (State or country)  MA		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.  Where was disease contracted,
(Informant) Its Relief to the Best of MY KNOWLEDGE		If not at place of death?  Former or
15 Fi	(Address) Knymble Ind	DATE OF BURIAL OR REMOVAL  RATE OF BURIAL  20 UNDERTAKER  ADDRESS
	REGISTRAR	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	IT MALS DISTEN TO MASSESS OF DESIGNATION OF STATES OF ST	on, was areasense total transfer acqueentille to the La

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed oregiven up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples But in many

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dont; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Pueneenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or Intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can-"Exhaustion," For vio-



SICIANS should occupation is RECORD PERMANENT properly AGE INK pe UNFADING pla 2 WRITE 50 Every Item CAUSE OF Important.

50

back

Instructions

Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in Village or City .Ward) a hospital or Institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, COLORIOR BÁCE MARRIED, WIDOWED, (Month) Write the Word I HEREBY CERTIFY That & sttended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary (Doration 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. ..... mos. .... State ..... yrs, \_ \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE OF MY KNOWLEDGE It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS Filed. REGISTRAF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foremau," "Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations gainfully employed, as At school or At home. dnties of the honschold only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various parsaits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carein-

ample: nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of sknll, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Ilacmorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convnisions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditious, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) tetanus) may be stated under the head oi Always qualify all diseases resulting from Meastes (disease causing death), "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhanstion,"



V. S. No. 1.

Cou	PLACE OF DEATH	21686	(
VIIIs	age or City Bruus	will (No.	
	2 FULL NAME	usie C	Ume
	PERSONAL AND STATIS	STICAL PARTICUL	ARS
3 84	male White	5 SINGLE, MARRIEO, WIDOWEO OR OIVORCEO (Write the word)	
certificate	TE OF BIRTH	nth) (Day)	, 19/
7 AC		mes. 26 ds.	if LESS than t day, hrs
ruotions o	CCUPATION  ) Trade, prefession, or rticular kind of work  ) General nature of industry siness, or establishment in ich employed (or employer)	hone	
9 B	(State or country)	d	
. See 13	10 NAME OF FATHER JMM	Ship	
SO TENT	11 BIRTHPLACE OF FATHER (State or country)	val	
PAR	12 MAIOEN NAME OF MOTHER	a Cole	
•	13 BIRTHPLACE OF MOTHER (State or country)	va	
14 T	HE ABOVE IS TRUE TO THE BE	STOF MY KNOWLE	DGE

STATE OF MARYLAND
CERTIFICATE OF DEATH

negistration Dist. I	10
Sia Shife	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	EATH
16 OATE OF OEATH (Month)	27, 1915 (Day) (Year)
17 I HEREBY CERTIFY, That I attend	
that I last saw h exalive on A30	26,19107
and that death occurred on the date state.  The CAUSE OF DEATH * was as follows:	above, at
Precion	î.
Contributory Secondary	yre
(Signed)  (Signe	un md
SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS)  All place is the ef deeth	ITUTIONS, TRANSIENTS,
Fermer as usual reeldence	
19 PLACE OF BURIAL OR REMOVAL  OA  28 UNDERTAKER  A0	TE OF BURIAL
H 622t YOU Duns.	pm

If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto.; Requesting V. S. No. 1.

REGISTRAN

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, periionaeum, etc., Carcinoma, Sarcoma, etc., of..... genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee The contributory (secondary or intercur-"PUERPERAL septichaemia," State cause for which Never report mere "Atrophy," "Colimportant.



PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT EXACTLY. BINDING be stated profit modern than the property of the second of the secon UNFADING INK-THIS IS FOR RESERVED MARGIN PLAINLY, WITH CAUSE OF Important. S

N.B.

PLACE OF DEATH

	7 2 2 94607	CERTIFICATE O	F DEATH	
Co	unty trederich 216%	(a)	d No. 147	
		Registere		
1/2	llage or City M. Dury R. No.	St;Ward)	[If death occurred in a hospital or institution,	
41	mage or only	,	give its NAME instead	
	The man to to	I with	of street and number.]	
	FULL NAME			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH	
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	- 2/ - 1918-	
	X 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, ORDIVORCED	(Month)	(Day) (Year)	
tr	suple Lotored (Write the word)	17 I HEREBY CERTIFY, That I	attended deceased from	
8 D/	ATE OF BIRTH	, 19I, to		
	(Month) (Day) (Year)	that I last saw halive on	, 191	
7 A G	16 LFCD shop	and that death occurred on the date stated	above, atm.	
· AG	1 day,hrs.	The CAUSE OF DEATH * was as follows:		
	65 yrs. mos. ds. OR. min.?	Sustoficated - la	id out	
Por	CCUPATION //		led to helt	
(a)	Trade, profession, or Youse USE	Market of Market for Market of the Market of	· · · · · · · · · · · · · · · · · · ·	
	ticular kind of work.  General nature of industry,		y-0-y-0	
busi	ness, or establishment lo	(Duration)	yrsds.	
	ch employed (or employer)	Contributory	**************************************	
9 B!	RTHPLACE tate or country)	(Secondary)		
	3 1 50 11	(Daration)	yrs	
	10 NAME OF FATHER TO BOOK AND	(Signed) Merton S. Je	, N. D.	
	minown	Dev. 23", 1915 (Address) Suiscialle Bra		
TS	11 BIRTHPLACE OFFATHER			
M	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-		
ARI	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.		
0	./	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE	At place in the	ura man de	
-	OF MOTHER (State or country)	of death yrs mos ds. State Where was dissase contracted.	yrs, mos ds.	
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?	>>>>>>	
	(Informant)	Former or usual residence		
	That Ties mall		DATE OF BURIAL	
	(Address)	19 PLACE OF BURIAL OR REMOVAL	Deany 1	
15	0.0	11000 0000	V/C 44, 191.5.	
FI	led 2 8 C 2 2, 191.5 0 1 1 1 1	20 UNDERTAKER	ADDRESS	
111	REGISTRAR	20 Downan	1 Webs	
		O E Harabilla Ct. Dalta Bassastina V C	N7- 1	

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-



1 PLACE OF DEATH

PLACE OF DEATH 21688	STATE OF MARYLAND
County Fredericks	CERTIFICATE OF DEATH
	Registration Dist. No.
Villago City Froederich (No , &	a nespital of matter
2 FULL NAME Rebecca Gi	Amitte, of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIEO Measured White (Write the word)	16 OATE OF DEATH Que . 8 19 (Month) (Day) (Yo
GDATE OF BIRTH  Man 2 1840	HEREBY CERTIFY, That I attended deceased to
(Month) (Day) (Year)	that I last saw h allve on
7 AGE If LESS than 1 day, hrs. 9 mas, 6 ds. OR min.?	and that double occurred on the date attaced above, at
(a) Trade, profession, or House Wife	Carcinoma stoma
(b) General nature of houstry business, or establishment in which employed (or employer)	(Buration) + yra 5 mag X
9 BIRTHPLACE (State or country) Manyland	Contributory All Mos (Buralles) 7 70 Al mos
10 NAME OF George Meiniche	(Signed) The MAnith
11 BIRTHPLACE OF FATHER (State or country)  Mod	*State the DISKASE CAUSING DRATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accumenta
a Martha Hardy	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Mod	At place is the of dasthyrsmesds. State,yrsmec
(Informat) Mors. W. T. Wolfe	If not at place of death ?
(Address) Winchester St	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL  Not Olivet ben a sec 10, 10
Filed of Dec, 191 D. Chan P. Mar September 18	Diomas J. Rice Frederic
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business or industry, and therefore an additional line is provided for the latter statement; it should be used applies to each and every person, irrespective of age. write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," lapse," "Coma," "Convulsions," "Debility" "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Example: Mcasles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," "Exhaustion," ("Con-



1 PLACE OF DEATH EXACTLY. PHYSICIANS sified. Exact statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4. a hospital or institut give its NAME lost of street and number RECORD classified, PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 6 SINGLE. 16 DATE OF DEATH stated MARRIED, PERMANENT WIDOWEO OR OIVORCEO ri y (Month) (Day be properly certificate. I HEREBY CERTIFY, That I attended deceased i pe pino 191..... be (Day) (Year) that I last saw h ..... alive on (Month) 7 AGE 40 may It LESS than and that death occurred on the date stated above, at 1 day, hrs. CK C d OR mln. ? that pplied. E O OCCUPATION (a) Trade, profession, or particular kind of work instructions 80 (b) Goneral nature of lodustry ns terms, business, or establishment in carefully which employed (or employer) 9 AIRTHPLACE (State or country) Contributory See in 10 NAME OF pe FATHER pino important ATH 11 BIRTHPLACE (Addrses) RENT OF FATHER S A (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 50 12 MAIDEN NAME Ž£, OF MOTHER of informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES Very 13 BIRTHPLACE OR RECENT RESIDENTS) OF MOTHER (State or country At pisce in the 09 ..... уте. State. should state CA Where was diseass centrected, 14 THE ABOVE IS TRUE if not at place of death? Every item Former or (Informant) usual residence PLACE OF BURIAL OR REMOVAL OATE OF BURIAL (Address) 20 UNDERTAKER AODRESS 0 ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ZOZ

Ш

ARGIN

No.

00

CICIEN

Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive dennite salary), may be entered as Housewife, Houseydrk, or At Home, and children, not gainfully employed, As At school or It home. Care should be taken to report specifically the occupations of persons engaged in domestic sorvice for wages, as Servant, Cook, Housemald, sec. Af the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSED DEATH (the primary affection with respect to time and caustion), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, menin-

business. that fact may be indicated thus: Farmer (retired

6 yrs//. For porsons who have no occupation whatever,

write None.

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvuiar heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need .not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAE; or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Cominittee on Nomenclature of the American Medical Association.)

V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE of information should be earefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate.

1 PLACE	OF DEATH	0.4
unty Frede	rick	6.3



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

St.;....Ward)

[if death occurred in

FULL NAME & mua Donnebow.	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH DOC. 29 , 1915 (Month) (Day (Year)
Does (4 187/	July 19 1915, to Dec 29 1915
7 AGE (Month) (Day (Year)  7 AGE If LESS than t day,	and that death occurred on the date stated above, at 10:02. A.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Pulmonary & Intestinal  Tubercoloris  (Buration) 3 yrs 5 mos 14 ds.
9 BIRTHPLACE (State or country) Jermany	Contributory Secondary  (Duration)yrs
10 NAME OF Seorge Peterson.  11 BIRTHPLACE OF FATHER (State or country) Lermany,	(Signed) 4. Howard geoger, M. D.  Dec. 29, 1915 (Address) State Canalomia, ma
(State or country) Lunary,  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) Europh.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place : In the other capacity of the state of the st
(Intermant) W, G, Dardier,	Where was disease contracted, Curlemount—and Faunk, If not at place of death?  Former or usual residence. Tolohap Tibill My Balto, Med
Flied Dec, 29 1915 C. A. Stein  REGISTRAR	PALEWORL, Med.  20 UNDERTAKER  M. S. CRESSEV.  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  Therework
	trar, 6 E. Franklin St./ Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenltal," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) which surgical operation was undertaken. For vioinus," "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the ture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Agc," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report



ststed EXACTLY. CAUSE OF Important. S

### PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very Exact statement of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. County Frederich 21691



### STATE OF MARYLAND CERTIFICATE OF DEATH

N1	Registration Dist, No. 144
Village or City Chumany No	St.; Ward)  St.; Ward)  Standaugh  Standaugh  Standaugh  Standaugh  Standaugh  Street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  (Nonth)  (Day (Year)	18 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended decessed from  Dre 7-12, 1915 to Wee 762', 1915.  that I last saw hereslive on Are 25-2, 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 965 Pim.
yrs 8 mos, ds OR min, ?	The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which amployed (or employar)	Contributory  Contributory  Contributory  Contributory  Contributory  Contributory  Contributory  Contributory
10 NAME OF Harry Standaug	Secondary  (Duration) yrs mos ds.  (Signed) Defaure , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN  16 MAIDEN  17 MAIDEN  18 MAID	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was disease contracted, If not at place of death?
(moreant) Hassa Slambauch	Former or usual residence
(Address) July may Ind Filed Lee, 27, 1915, July May Pregistran	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  ADDRESS  ALL  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

md

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in comestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specfmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less dcfinite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeeisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

N. B

PLACE OF DEATH 21609	
PLACE OF DEATH 21692	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Dunnels buy of	St; Ward)  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
2 FULL NAME / / / / / / / / / / / / / / / / / / /	Mounty.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Mile & SINGLE, MARRIED, Willowed OR DIVORGED OR DIVORGED (Write the word)	16 DATE-OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Col- 1. 001	100 22 , 1910 , to C 22 , 1910 ,
(Month) (Day) (Yoar)	that I last saw h Talive on 22, 1915,
7 AGE If LESS than	and that death occurred on the date stated above, and
leff vrs 2 mas 16 ds OR min.?	The RAUSE OF DEATH * was as follows:
	170
(a) Trade, profession, or	I wanted surfaces
(b) General nature of ledustry	
business, or establishment in	(Burelien) 2 vre. mes e de
which empleyed (or empleyer)	Chrone Bronchtin
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF PROBLEMS COANTY MA	(Boratter) Tre. 1993 de
FATHER SO 20 2 1 00	(Signod) ATT PC Januaron, M. D.
11 BIRTHPLACE	of 23 1015 (Address manito try
OF FATHER (State or country)	State the DISEASE CAUSINO DRACH, or, in deaths from VIGLENT
C 12 MAIDEN NAME A	CAUSES, State (1) MEANS OF INJURY (2) whether Accidental, Suicioal or Homicidal.
of MOTHER and Mitterdusan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (Black or Country) Tempa	of deeth yre. mee. de. Siele, yre. mee. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mrs Mashio Co The	Former or equipment of the second control of
6 till good	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) June 1800 110	There 1-311 HED 2.4 -
15 /2 - 15 - M PX 01	O UNDERTAKER
Fled 23, 1915	UNDERTAKEN ADDRESS TO
OCO PEGGETRAR	Mich Shuld Commissioned
If more blacks are needed, address State Registrar,	15 W. Saratoga St., Balto., Requesting N. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age precise specification as Day laborer, Farm laborer, Laborer -- Coal mine, etc. Women at home, who are engaged in mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line 6 yrs.). business, that fact may be indicated thus: Farmer (retired write None. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Never return If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, menin-

rent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from ehildon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound on Nomenclature of the American Medical Association.) or miscarriage as "Puenperal septichaemia," "Dropsy," "Atrophy," "Col-"Exhaustion," important. ("Con-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1. m

ż

BINDING

FOR

RESERVED

MARGIN

1 PLACE OF DEATH

County Tudunice 21693 (	CERTIFICATE OF DEATH
7	Registration Dist. No. / 3 /
Village or City reclumer (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIEO, WIDOWED OR OIVORCED (Write the word)	16 OATE OF OEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on 191, 191,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
yrs. mos. ds. OR min.?	The CAUSE OF DEATH # was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	6 Mariles
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Duretion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Industrial	Contributory Unknown
10 NAME OF FATHER LUNCHER TOWN	(Signad) (Signad) , M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Wary Stephons	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
of Mother Mary Stephens	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) All place in the ef death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piscs of death?
(Informant) Flys a Supplication	usual residancs
(Address) Archivell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled bee , 191 5 Chan Missaudy	20 UNOERTAKER ADDRESS ADDRESS
	a de la

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as *House-wife*, *Housework*, or *At Home*, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more of the second statement. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part (b) Grocery; (a) Foreman, (b) Auto-Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee "PUERPERAL peritonitis," etc. birth or misearriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. by railway The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," "Debility" ("Contrain-accident; Revolver State cause for which Never report mere "Atrophy," wound



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND		
County Mellonell Politics	CERTIFICATE OF DEATH		
1 2 . T	Registration Dist, No. 50		
Village or City Ker Mushyo mm (No	St.; Ward) [If death occurred in a hospital or institution,		
6 + 10	give its NAME Instead of street and number.]		
FULL NAME Grave lus Thom	a or other and dominor.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH SRC 22 101)		
Male Colorer ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from		
Nov. 21 1915	191 , to 200 191		
(Month) (Day (Year)	that I last saw h		
7 AGE If LESS than 1 dayhrs.	and that desth occurred on the date stated above, at		
yrs	The CAUSE OF DEATH* was as follows:		
8 OCCUPATION (a) Trads, profession, or	Preumon (om chiel)		
particular kind of work			
(b) General nature of Industry, business, or establishment in	(Buration) wre mae 3 de		
which employed (or employer)	(01 (101))		
9 BIRTHPLACE (State or country)	Secondary Secondary		
10 NAME OF 1. PO	(Borafion) yrs mos ds		
FATHER Waller Thomas	(Signed) (Signed) , M. D.		
OF FATHER / / /	1 /2 2, 191 V (Address) and amofron le		
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.		
of Mother Man meon			
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)		
OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs. mos. ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not af place of death?		
(interment) Willow Minna	Former or		
mulka from les	USUAL residence		
(Address)	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dee ZJ 1915		
Filed De c 23 1914 T. Clyd / Intin	20 UNDERTAKER ADDRESS		
REGISTRAR	Ses 15 Peters anny		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

3

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as accidental, suicidal, or Homicidal, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the The contributory (Recommendations on statement of (secondary or intercurrent) Never report For VIO-



County Frederic PHYSICIANS Should of OCCUPATION is Registration Dist. No. [If death occurred in ....Ward) a hospital or institution, RECORD give its NAME instead ot street and number.] statement PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED, WILL OR DIVERCED (Write the word) BINDING (Month) (Day (Year) Exact I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classified. (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. SERVE supplied. pe (b) General nature of industry. business, or establishment in may (Duration) which employed (or employar) ..... certificate. Contributory.... 9 BIRTHPLACE carefully 1 Secondary (State or country that C 10 NAME OF FATHER (Signed) 20 Jo ARGIN T pe back ARENTS terms, BIRTHPLACE should OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At piace in the OF MOTHER (State or country EATH of death ..... yrs. .... mos. .... State ..... yrs. \_\_\_\_ mos. \_ ds. Where was disease contracted. 14 THE ABOVE if not at place of death?.... OH Former or CAUSE OF Important, 3 (Informant) En2 usual residence CAUSE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER 8 DECISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Registing V. S. No. 1.

21695

1 PLACE OF DEATH

state Very STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for ehildbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent)



RECORD

PERMANENT

-THIS

UNFADING INK-

PLAINLY, WITH

WRITE

Filed\_\_/

AGE should be stated EXACTLY.

### V. S. No. 1.

PHYSICIANS should state of OCCUPATION Is very Exact statement of information should be carefully supplied. AGE should be started in plain terms, so that it may be properly classified. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Registration Dist, No.			No. 15-7
Village	FULL NAME Colora &. H.		[It death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX Flerm	ale White (Write the word)	16 DATE OF DEATH  (Month)  17 I HEREBY CERTIFY, That I a	(Day (Year)
6 DATE OF	F BIRTH  GRade Q , 1.856  (Month) (Day (Year)	that I last saw her alive on Dec	1 1 -
7 AGE	1 t LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	pove, at
(b) General business, o	rotession, or None Jongsons  I nature of industry,  or establishment in  oved (or employer)	(Duration) 2	tyrs mos ds
9 BIRTHPI		Contributory Secondary	
S 11 BI	RTHPLACE State or country)  Mod	(Signed)	mos ds.  , M. D.  eruk, M. D.  deaths from Violent
13 BI	RIDEN NAME DE MOTHER  Mary A. Wachter  RTHPLACE F MOTHER State or country)  Mod.	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)  At place of death	STITUTIONS, TRANSIENTS,
(At	If in let to ! a	Where was disease contracted, If not at place of death?  Former or Council residence Council residence	Files Mod
15	119 5 714	Laharlesville FilorMed a	Dec 18, 1915'

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehlldren, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Iverperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For vio-



œ.

σô

Village or City Mt Deiry (No. St.; Ward)  St.; Ward)  FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  PROBLEM OF DEATH  OCA  ON ONLY OF  ONLY OF  ONLY OF  ON ONLY OF  ON ONLY OF  ONLY OF  ONLY OF  ON	County Frederick 21697	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 137
SEX  **COLOR OB PLACE **MARRIED, WIDOWED **BOUNDED **BOTTOM **COLOR OB PLACE **COLOR OB PLA	Village or City Mt acry (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
MARIE WIDOWED (Nonth) (Day) (Vest)  TAGE (Month) (Day) (Vest)  TAGE (Month) (Day) (Vest)  TAGE (Month) (Day) (Vest)  TO I HERBY CERTIFY, That I attended deceased from Area (Month) (Day) (Vest)  TO I HERBY CERTIFY, That I attended deceased from Area (Month) (Day) (Vest)  TO I HERBY CERTIFY, That I attended deceased from Area (Month) (Day) (Nonth) (Nonth) (Day) (Nonth)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH  Colombia  (Month)  (Day)  (Nonth)  (Day)  (	MARRIED, WIDOWED	(Month) (Day) (Year)
B SCCUPATION (a) Index profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  B BIRTHPLACE OF FATHER COUNTY)  10 NAME OF FATHER COUNTY)  11 BIRTHPLACE OF MOTHER CONTROLL C	6 DATE OF BIRTH (Month) (Day) (Year)	DEC / 1915, to DEC ( 1915), DEC whou I reached him. that I last saw h alive on 191,
Signed  10 NAME OF FATHER PRIVOUR Magner  11 BIRTHPLACE OF FATHER MALE PROPERTY MALE P	s ccupation (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	neek Broken big Wagou Dock in-
OF MOTHER & Larado. Me Call  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15  Filed. Para Andrews  REGISTRAR  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of Recent Residence (In this of death yrs. mos. ds. Stata, yrs. mos. ds.  Stata, yrs. mos. ds.	9 BIRTHPLACE (State or country) Mary laced  10 NAME OF FATHER / Grucon M. Wagner	(Signed) Duration yrs. mas. ds.  (Signed) Mr Duration Mr. 0.  Are // 191.5 (Address) Mr Duray Mr. 0.
(Interment) 2. 20 ST a gran, it not at piace of death?  (Interment) 2. 20 ST a gran, usual residence  (Address) 3. 1 Decision of the Best of MY KNOWLEDGE  (Address) 3. 1915 Thurst benefit and the control of the contr	of MOTHER Eldorado. Melale	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs of deathyrsmosds. Stata,yrsmosds.
(Address) The Mary Court Change Change Sec 13, 1915  Filed Page 13, 1915  Filed Registran Change Powell Sibertylown Md.	75mm	it not at place of death?  Former or  usual residence
16 mans blacked and realed address State Paristres 16 W Spratoge St. Balto Requesting V S No. 1	Filed Dec 13, 1915 Think Curfueau REGISTRAR	Union Cleapel Dec 13. 1915. 20 UNDERTAKER HOUTELL Libertylown Md.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the birth or miscarriage as "Puerperal septicharnio," mas," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere "Anaemia" Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitud ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," "Convulsions," "Debility" ("Con-(merely symptomatie), The contributory (secondary or intercur-State eause for which "Atrophy," "Colwound of



B. No.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS B. ż

PLACE OF DEATH  County Fusleris 21698	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /3/
Village or City Freedering (No. Cihi &	Istel W. Patrick St.; Ward)  [if death occurred is a hospital or lostitution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, Widowed, Widowed (Write the word)	16 DATE OF DEATH  12 24, 1915  (Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw ham alive on 12-24 1915, and that death occurred on the date stated above, at 5-30 m.
Month   yrs.   mos.   ds.   or   min.?	The GAUSE OF DEATH* was as follows:  Ondocordute  (Duration) yrs mos ss.
10 NAME OF FATHER Cankenous	(Signed). (Buration) 2 yrs. mos. ds. (Signed). (S. S. Brooks, M. D.  12 25 1915 (Address) Frederick, Ma
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Catharine Mack  13 BIRTHPLACE OF MOTHER (State or country)  Mary Land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of deathyrs,mos,ds.
(State of country) 1 and Canolina Canolina Dank Canolina and	Where was disease contracted, if oot at place of death?  Former or osual residence
Flied 2 1913 Clas Illa Constant	19 PLACE OF BURIAL OR REMOVAL  Leen Mount  20 UNDERTAKER  C C Carty  ADDRESS  Presence My

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the diskase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

mia," "PUERPERAL peritonitis," etc. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Pureperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viocause. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malle oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



Village or City Plant Runner,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 144 St.: Ward)  [If death occurred in
2 FULL NAME Matilda	White a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH DEC 22 , 1910 (Month) (Day) (Year)
6 DATE OF BIRTH May 4 , 18	HEREBY CERTIFY, That attended deceased from 1915, to Dec 22, 1915, that I last saw her alive on Dec 21, 1916,
76 yrs. 7 wes. 18 ds. OR	
BOCCUPATION (a) Trade, prefession, er particular kind of werk	30 John Stewart May
(b) General nature of fedustry business, or establishment in which employed (or employer)  Henrich Stories  **Tories**  **Tori	contributory Lewise To moe 4 de
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER	Secondary  (Bigned) / Droke Q Jan Won, M. D.
11 BIRTHPLACE OF FATHER OF MOTHER  12 MAIDEN NAME OF MOTHER  About furour	**State the DISEASE CAUSING DEATH, of, in deaths from VIOVENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ef death yes
(Informant) Thomas Name	If not at place of death?
(Address) Shurmont Such 16 Filed Deles 23, 1915, anna Me Regist	
If more blanks are needed, address State Ro	gistrar, 16 W. Saratoga St., Balto., Requesting V/S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully, employed, as At school or At home. Care should be applies to each and every person, irrespective of age. ness of various pursuits can be known. The question state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal eonditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Caneer" is less definite; avoid use of genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State eause for which cause. Always qualify all diseases resulting from ehildete., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" rent) affection need not be stated unless The contributory (secondary or intercurimportant. ("Con-



PLACE OF DEATH  County Trederick 217110  Mar Woodsborg (No. 2001)  PULL NAME Gruy While	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 4  St.; Ward)  St.; Ward)  [If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RAGE 5 SINGLE,  MARNIER,  WHOOMED,  WHOOMED,  WHOOMED,  WHOOMED,  Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH Accepted (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE / (Month) (Day (Year)	that I last saw h www alive on Dee 1 2 1915.  and that death occurred on the date stated above, at 5 = P. m.
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	The CAUSE OF DEATH* was as follows:  Acute Hephritis  Upacua  (Buration) yrs mos 6 ds
which employed (or employer)  BIRTHPLACE (State or country)  Mary format	Contributory Newsplegea following Secondary Apoplesy (Duration) 2 yrs mos s.
11 BIRTHPLACE OF FATHER (State or country) hospiland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) MONCONO  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place of death yrs mos ds Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Maldersuiler.  15 Filed 12/22, 1913. C. Brueck REGISTAR	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Olivert Frederich Jack 28., 1917.  20 UNDERTAKER  Pulman Barton Hallsersesses

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvatvutar heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Measics (disease causing death), 29 ds.; "Seuile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of



Mary item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state dause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING UNFADING INK-THIS IS RESERVED WRITE PLAINLY, WITH MARGIN

PLACE OF DEATH

County Frederick 21701	CERTIFICATE OF DEATH
(X)	Registered No.
Village or City (No. (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME and Rebecc	a Willard of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple White 5-singer, Married, Married (Write the word)	(Month) (Day) (Yesr)  14 HEREBY CERTIFY. That I strended deceased from
S DATE OF BIRTH affil 13 1859	Jaw 26 , 1914, to DEC 12 , 1916.
(Month) (Day) (Year)  AGE   If LESS than	that I last saw held alive on held (1911) and that death occurred on the date stated above, at 10, 15'Pm,
3 6 yrs 7 mos 2 9 ds. 1 day, hrs.	The CAUSE OF DEATH* was as follows:
Coccupation (a) Trade, profession, or housewife	auteria wills of Bladder
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Cloubyrs. mos. ds.
9 BIRTHPLACE (State or country) montgomen Co. Md.	Contributory (Secondary)  (Deration) yrs mos ds
10 NAME OF FATHER CINCALLEW Hoskinson	(Signed) ESTABLIAND M. D. DEC 3, 1915 (Address) M. O. Classito M.
11 BIRTHPLACE OF FATHER (State or country) Montgomery Co. Md  12 MAIDEN NAME?	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Marsha Deckutic	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Montgomery Co. Md	At place in the of death yrs, mos ds. State yrs, mos ds.
(Informant) & Alle Clark M. D.	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Mit Pleasant	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dre 14 1915 Com Was	29 UNDERTAKER ADDRESS
REGISTRAR	Street Jaw Bunswik My
If more blanks are needed address State Registre	P & F Frenklin St Dalto Pagnagilar W C No 1

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples But in many "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Such, if impossible to determine definitely. childbirth or miscarriage, as "Puerreral septichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the ample: Measles (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; LENT DEATHS State MEANS OF INJURY and qualify which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." schsis, by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," Revolver wound of head-homicide; Poisoned tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," etc. State cause for (name origin; "Candeath), 29 "Exhaustion, Examples: For vio-



should be stated EXACTLY, PHYSICIANS be properly classified. Exact statement of County RECORD PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, 4 COLOR OR RACE MARRIEO, WIDOWED OR DIVORCEO (Write the word) PERMANENT BINDING plain terms, so that it may be properly See instructions on back of certificate. 6 DATE OF BIRTH (Day) 7 AGE if LESS than FOR AGE 1 day .... brs. THIS OR min. ? OCCUPATION (a) Irada, prefession, er carefully supplied INK XX particular kind of work W (b) General nature of ladustry ESERV bosiness, or establishment in UNFADING which employed (or employer 9 BIRTHPLACE (State or country) 10 NAME OF pe = WITH DEATH IN MARGIN should state CAUSE OF DEATH OCCUPATION is very important. PARENTS 11 BIRTHPLACE OF FATHER (State or Jointry) PLAINLY. of Information MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER (State or country) WRITE (toformant) Every 15 20 m 002 ż

21702

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	g. caration arto		*************
is Willard	Ward)	[If death of a hospital or give its NAN of street and	IE instead
MEDICAL CER	RTIFICATE O	F DEATH	
16 DATE OF DEATH	(Month)	2/3 (Day)	, 1910 (Year)
ACC. 12 ,1916	1, to DE	ended decease e/23	, 191.
that I last saw hall allve and that death occurred on The CAUSE OF DEATH * w	the date sta	ted above, at	8 a,m
		<u> </u>	
Contributory Secondary	(Berstien)	jrsme	
(8igned) 64, Will	(Dwrsten)		M. I
16 LENGTH OF RESIDENCE (FO OR RECENT RESIDENTS) At place of deeth yre. mas	In the	NSTITUTIONS, TE	M
Former or usual reeldenes	***************************************		
19 PLACE OF BURIAL OR REM	OVAL	DATE OF BURE	101 J

APPRESS

If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the dutics of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Forcman, know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Housework, or At Home, and children, not gainfully Compositor, Architect, For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal sephchaemia," genital," "Scnile," etc.), The contributory (secondary or intercur-"Dropsy," Never report mere "Atrophy," "Col-"Exhaustion,"



S. No. 1

ż

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be that it may be properly classified. Exact statement of OCCUPATION is RECORD A PERMANENT UNFADING INK-THIS certificate. DEATH in plain terms, so See instructions on back of WITH should PLAINLY. of Information WRITE CAUS

state Very 1 PLACE OF DEATH

21713 STATE OF MARYLAND CEDTICICATE OF DEATH

CERTIFICATE	OL	DEA	.111	_
Redistration		1	. (	-
Perietration	Diet	No /	~	1

County Frederick (76)	CERTIFICATE OF	DEATH_
Montevne Hospital	Registration Dist.	No. 1 5 2
Village or City(No,	St.;Ward)	[it death occurred a hospital or institution

PERSONAL AND STATISTICAL PARTICULARS  3 SEX  GOLOR OR RACE  SINGLE  Black  GOLOR OR RACE  SINGLE  Black  GOLOR OR RACE  SINGLE  GOLOR OR RACE  SINGLE  Black  GOLOR OR RACE  SINGLE  GOLOR OR RACE  GO		FULL NAME Clara C. Wis	license de la compilar de la compila
ALEMALE ISLACK MOONED (World Note of Note of Note of State of Contributory Secondary)  PAGE  OCCUPATION (a) Trade, profession, or particular kind of work of Note of State of Country)  PORTHELACE (State or country)  PORTHELACE (State or country)  Many Land  OF PATHER JAMES H HOLLAND  (State or country)  Many Land  OF MOTHER Correct Ma		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**State the Dibrage Curing Many Condition of Mother Carbon Many Condition of Mother Carbon Many Condition of Mother Carbon Many Canada Manger Carbon Many Condition (Signed)  **State the Dibrage Curing Many Canada (Signed)  **State the Dibrage Curing Many and (2) whether accident and (2) whether accident and (3) whether accident and (3) whether accident and (3) whether accident and (4) whether accident and (4) whether accident and (5) whether accident and (6) whether accide	35	To Do l. MARRIED, Married	Leewer 11 , 1915
The CAUSE OF DEATH* was as follows:    Coccupation		(Month) (Day (Year)	that I last saw h & allve on DEC // 1915?
Courting of work  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF MOTHER  OF MOTHER  OF MOTHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  Many land  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  FORMAL OF GORDINAL OF HORIZONE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECONT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECONT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR R		32. // // 1 day,hrs.	
Contributory Secondary  Secondary	(a pa	CCUPATION a) Trade, profession, or House Wife urticular kind of work b) General nature of industry, siness, or establishment in	Pulmonary Interculosis.  (Duration) / tyrs. mos. ds.
11 BIRTHPLACE OF FATHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  Address)  Address  A	-	IRTHPLACE AAA A	Secondary
13 BIRTHPLACE OF MOTHER (State or country)  (Informant)  (Informant)  (Address)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	TS	11 BIRTHPLACE	(Signed) Boldhornas, M. D.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Address)  (Address)  Former or  Usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Mr. fiou, A. M. E. Ceux, See State  ADDRESS  REGISTRAR  ADDRESS  REGISTRAR  36 State 32 yrs, 1/mos, 1	AREN	(State or country) Mary Land	TAL, SUICIDAL, OF HOMICIDAL.
(Intermant) Oland W. Rice Suffer Former or usual residence  (Address) France Control of Management of Burial OR REMOVAL DATE OF BURIAL  15 Filed 7/1 191 Moderne Control of Burial OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  REGISTRAR  REGISTRAR  ADDRESS  MY Carry Ned		13 BIRTHPLACE OF MOTHER	At place in the state 32 yrs, 11 mos, 11 ds
Filed 7/1, 19t V Mederede Mr. from, a. M. E. Cenn, Come Wee 13, 1915.  REGISTRAR BUISCURAL My City Med		Dela-101/1/191-01/1	if not at place ot death?————————————————————————————————————
REGISTRAR BUTSource nut Ciny hid	15	1. In la	Mr. fion, a. M.E. Centry land DEC 13 1915
	Fil	REGISTRAR	BUI Bournan My Ciny med

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Croccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho receive a definite salary), may be entered as additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the amplies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for chiidbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The eontributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



stato PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated classified. pe should UNFADING INK-THIS properly AGE supplied. be may certificate. carefully that 80 ō WITH pe on back terms. pinods PLAINLY, plain Instructions Information \_ DEATH WRITE of OF Item Important. Every It

### PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH TAGE 8 SCCUPATION ((a) Trade, protession, or (b) General nature of Industry, business, or establishment In which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER PARENT (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country



### STATE OF MARYLAND

ERTIFICATE OF DEATH
Registration Dist. No. 152
St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
DICAL CERTIFICATE OF DEATH
Mecember 23, 1915 (Month) (Day (Year)
REBY CERTIFY, That I attended deceased from
1915, to Dec. 23, 1975,
A allve on $\mathcal{O}$ = 0, 23, 191.5 rred on the date stated above, st $\mathcal{I} = A$ . m,
rred on the date stated above, st
ATH* was as follows:
way Oedewa)
hoovie organic Heart deser
titie on

alle 23, 1915	(Address)	Maln	Jalla
*State the DISEASE CAUSES, state (1) M	EANS OF INJURY:	or, in deaths from and (2) whether	om Violent

	OR RECENT RESIDENTS.	CE TOR MOSPITALS, INS	ITITUTIONS, TRANSIENTS
4	At place	In the	
,	ot death yrs mo	s ds. State	yrs ds

Where was disease contracted, If not at place of death?...

usual residence.

Contributory

Secondary

Moto	Olivet
20 UNDERT	AKER

19 PLACE OF BURIAL OR REMOVAL

ME

I HE

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

16 DATE OF DEAT MARRIED, Marre ORDIVORCED (Write the word) that I last saw h (Month (Day (Year) If LESS than and that death occu 1 day, .....hrs. (Signed) (Address). 15 Mentre

02

1

ż



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cansepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal soptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (Recommendations on statement of (secondary or intercurrent) For vio-



PHYSICIANS **Exact statement of** 

it may be properly classified.

in plain terms, so that it may be properly . See Instructions on back of certificate.

important. OF DEATH

-Every item should s

œ

ż

S. No. 1.

15

Cour	PLACE OF DEATH  The state of th	STATE OF MA CERTIFICATE O	OF DEATH
Villa	ge or City Weldow (No. , )	Fright, Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH SEC (Month)	(Day) , 1915 (Year)
6 DA	TE OF BIRTH	that I last saw h alive on the date store CAUSE OF DEATH * was as follows:	, 191, 191, 191
pa (b bu:	CCUPATION 1) Trade, profession, or clicular kind of work 1) General nature of industry siness, or establishment in ich employed (or employer)	Go Soctor in allu	yrs. mos. da
9 BIRTHPLACE (State or country) Maryland		Contributory Secondary (Durelion)	yreds
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME 7	(Signed)  , 191	, in deaths from VIOLENT (2) whether ACCIDENTAL,
	13 BIRTHPLACE OF MOTHER (State or country)  Oreland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the of death	
)	(Informant) & Vannah & Chadwick	if not at place of death?	
13	7 4 3 Min Willow Mil.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

10 ellel

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." Struck by railway train—accident; Revolver wound state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenpenal septicharmia," cause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Corcinomo, Sorcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of Nomenclature of the American Medical Association.) Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or interenr-"Dropsy," carbolic acid-probably "Atrophy," "Exhaustion," ACCIDENTAL,

